



EXPRESS MAIL NO. EV529788883US

**TRANSMITTAL
FORM**(To be used for all correspondence
after initial filing)

Application Number	09/914,170
Filing Date	December 5, 2001
First Named Inventor	Ravishanker Krishnamoorthy
Art Unit	2651
Examiner Name	Fred Tzeng
Attorney Docket No.	851663.431USPC

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to TC (<i>Appeal Notice, Brief, Reply Brief</i>)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>):
<input type="checkbox"/> Information Disclosure Statement and Transmittal	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	_____
<input type="checkbox"/> Cited References	<input type="checkbox"/> Terminal Disclaimer	_____
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	_____
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____	_____
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	_____

Remarks**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

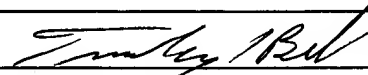
Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	38106
Signature			
Printed Name	Timothy L. Boller		
Date	January 9, 2006	Reg. No.	47,435

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature		
Typed or printed name		Date:

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
733343_1.DOC

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act 2005 (H.R. 2618)				Complete if Known			
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> OIPE JAN 09 2006 PATENT OFFICE </div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> OIPE JAN 09 2006 PATENT OFFICE </div> </div> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2005</h3>				Application Number		09/914,170	
				Filing Date		December 5, 2001	
				First Named Inventor		Ravishanker Krishnamoorthy	
				Examiner Name		Fred Tzeng	
				Art Unit		2651	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Attorney Docket No.		851663.431USPC	
TOTAL AMOUNT OF PAYMENT (\$50							
METHOD OF PAYMENT (check all that apply)							
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>19-1090</u> Deposit Account Name: <u>Seed IP Law Group PLLC</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input type="checkbox"/> Charge any additional fee(s) or underpayments <input checked="" type="checkbox"/> Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17							
Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
		FILING FEES		SEARCH FEES		EXAMINATION FEES	
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
<u>Fee Description</u>						<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<u>Total Claims</u>		<u>Extra Claims</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
<u>21</u>	-20 or HP =	<u>1</u>	X	<u>50</u>	=	<u>50</u>	
HP = highest number of total claims paid for, if greater than 20						_____	_____
<u>Indep. Claims</u>		<u>Extra Claims</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
<u>7</u>	-3 or HP =	<u>0</u>	X	_____	=	_____	
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>			<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
_____ -100 =	_____ /50 =	_____ (round up to a whole number)			x	_____	_____
4. OTHER FEE(S)							<u>Fees Paid (\$)</u>
Non-English Specification, \$130 fee (no small entity discount)							_____
Other (e.g., late filing surcharge): _____							_____
SUBMITTED BY							
Signature				Registration No.	47,435	Telephone	206-622-4900
Name (Print/Type)	Timothy L. Bolter			(Attorney/Agent)		Date	January 9, 2006

01-10-06

AF

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EXPRESS MAIL NO. EV529788883US



**RESPONSE UNDER 37 CFR 1.116
EXPEDITED PROCEDURE - EXAMINING GROUP 2650**

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Ravishanker Krishnamoorthy et al.
Application No. : 09/914,170
Filed : December 5, 2001
For : METHOD AND APPARATUS FOR CONTROLLING A DISK
DRIVE UNDER A POWER LOSS CONDITION

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Examiner : Fred Tzeng
Art Unit : 2651
Docket No. : 851663.431USPC
Date : January 9, 2006

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE UNDER 37 CFR 1.116

Commissioner for Patents:

In response to the Office Action dated November 28, 2005, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

01/11/2006 TBESHAH1 00000011 09914170

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